

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10085

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. *Mo. Baptist San.*)

File No.....

Registered No. *2666*

St. Ward.....

2. FULL NAME

(a) Residence. No. *7141 Alamo Ave.* St. *4* Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF

*Harry P. Silberstein*6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 6 - 1889*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*37**11**10*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

at home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN):

(STATE OR COUNTRY)

Vincennes Ind.

10. NAME OF FATHER

Sam. Anchel

11. BIRTHPLACE OF FATHER (CITY OR TOWN):

(STATE OR COUNTRY)

New York N. Y.

12. MAIDEN NAME OF MOTHER

Bertha Frank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):

(STATE OR COUNTRY)

Ind.

14.

INFORMANT (Address)

H. P. Silberstein 7141 Alamo Ave.

15.

FILED.....

12 1927 Max E. Starckoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

3/16 1927

17.

I HEREBY CERTIFY, That I attended deceased from *Jan. 24th, 1927* to *Mar 16, 1927*
that I last saw him alive on *May 16, 1927*, and that death occurred, on the date stated above, at *4:15 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of Thyroid

CONTRIBUTORY (SECONDARY)

Fibro. & gland. sarcoma of Thyroid (left) Exophthalmos

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

Mo. Bapt. San.

DID AN OPERATION PRECEDE DEATH?

DATE OF.....

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Physical findings

(Signed).....

*Edw. Barber, M. D.**3/16, 1927 (Address) 410 Metropolitan Bldg.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Mt. Sinai Cemetery**March 20 1927*

20. UNDERTAKER

H. Rindorff

ADDRESS

5216 Delmar

